

Dear Parent or Guardian:

We are requesting that you complete the bottom portion of this letter for our records. The reason for this request is to clarify for you the question of insurance covering athletics. If you have any questions please call 756-3813.

Please return this form to the coach before your son or daughter attends the first practice.

Sincerely,
Nick Johnson, Principal
Rockford Junior-Senior High School

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STUDENT'S NAME _____

Please check the appropriate box.

- Our son/daughter is covered by sufficient major-medical insurance of our own.
- Our son/daughter has no insurance.

Date

Parent/Guardian Signature